

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018340

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 59

Primary Registration District No. _____

Registrar's No. 98

FILED JUN 12 1962

1. PLACE OF DEATH

a. COUNTY CASSb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN PLEASANT-HILL

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.b. COUNTY JACKSONc. CITY OR TOWN KANSAS CITYInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ATHAWAYInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
90407 HILCREST RDReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

KELLY VERN WELCH

4. DATE OF DEATH

Month

Day

Year

6 2 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-24-1930

9. AGE (last birthday)

31

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MICHIGAN

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

RACINE WELCH

13b. MOTHER'S MAIDEN NAME

MINA HALLET

14. NAME OF HUSBAND OR WIFE

NORMA JEAN WELCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
YES

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

NORMA WELCH 90407 HILCREST RD. MO.

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Trauma

INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Brain Injury

DUE TO (c)

Car Accident

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

Car Accident

20c. TIME OF INJURY

Hour a.m. Month, Day, Year

1:006-2-62

20d. INJURY OCCURRED WHILE AT WORK

☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Glenn Cummins, Cass Co Coroner Harrisonville MO

22b. ADDRESS

Harrisonville MO

22c. DATE SIGNED

6-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-4-62

23c. NAME OF CEMETERY OR CREMATORY

PLEASANT HILL

23d. LOCATION (City, town, or county)

PLEASANT HILL MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

WALLACE FUNERAL HOME

25. DATE RECD. BY LOCAL REG.

June 4-1962

26. REGISTRAR'S SIGNATURE

Mr. Ray Seave

(Deceased Embalmers Signature on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59101702710034 05 167 18 29 X1011 01712 71-313 1-0

JUN 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James C. Wallace

Licensed Embalmer No. 3921

P. O. Address Pleasant Hill
Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.